The Hampden Hippocrat

A Bulletin for the Hampden District of the Massachusetts Medical Society

VOLUME XIII ~~FEBRUARY~~, 1957 No.

A LESSON FROM ENGLAND

From Great Britain comes another in a long series of reports on the plight of our colleagues under socialized medicine. Pitifully underpaid ever since the National Health Service went into effect, the physicians' lot has worsened considerably as a result of the recent rise in the cost of living. To offset it they claim a 24% increase in remuneration, charging, (New York Times, January 13), that "the Government was not observing the promise it made to the physicians when they went into the service upon its inauguration on July 5, 1948. The doctors contend that the Government had promised to see they would be paid in terms of the 1939 value of money.

"The physician holds that the Government has both a contractual and a moral obligation to keep their rates of pay in place with rises in the cost of living".

The Government refuses to increase the remuneration, and there would seem but very little that the doctors can do about it. They cannot strike since this is forbidden by the rules of the British Medical Association. They dare not withdraw from the National Health Service as such action might cause the loss of public support. About the only thing left for them to do at the moment is to refuse en masse ". . . . to sign certificates, such as those workmen must give their employers when they have been absent because of illness, or even death certificates.

"The reverse of this also has been suggested: that the doctors engage in 'over-certification'. This would mean giving certificates on the slightest pretext."

Thus the practice of medicine in England is in danger of deteriorating into a game of certificate signing, and as the dean of one of the medical schools recently observed: ". . . . under the present National Health Service . . . . the doctors are progressively losing their freedom and status as a learned profession".

We sympathize keenly with the British physician and regret sincerely his predicament. We also wish him success in his present struggle for a more decent way of living. As for ourselves, there is an obvious lesson to be learned. Elsewhere in this issue Dr. Dwight H. Murray, President of the American Medical Association, speaks of the dangers of complacency and of apathy to freedom in medicine. It is fair to assume that without complacency, apathy and inertia the British Isles would never have succumbed to socialized medicine.

M. M.

~~NEXT~~ MEETING

The February meeting of our District Society will be held on Tuesday, February 26th, 6:30 p. m., at Rovelli's Restaurant, 1396 Boston Road, Springfield.

Dr. Allen G. Rice, Sec.

(See page 9.)

Hampden Hippocrat

"Life is short and art is long, the occasion fleeting, experience fallacious and judgment difficult." —Hippocrates, 430 B.C.

This Issue 600 Copies.

OFFICERS OF THE
HAMPDEN DISTRICT MEDICAL SOCIETY

President—Harold J. Holleran, M. D.
Vice President—Allen S. Johnson, M. D.
Secretary—Allen G. Rice, M. D.
Assistant Sec.—Harry N. Memery, M. D.
Treasurer—Howard Brown, M. D.

BOARD OF EDITORS

Edward P. Bagg, M. D., Editor-Emeritus
Max Millman, M. D., Editor-in-chief
Harry N. Memery, M. D., Assistant Editor

Associate Editors

Eoline C. Dubois, M. D. John A. Burke, M. D.
Jerome A. Whitney, M. D. Ralph T. Miller, M. D.
John C. Ayres, M. D. John F. Wonson, M. D.

William A. R. Chapin, M. D.
Founder and Advisory Manager

John E. Leary, M. D.
Secretary and Business Manager

. . . DRY THE STARTING TEAR . . .

(. . . . they were heavily insured . . .)

In keeping with W. S. Gilbert's Bab Ballad, the Council of the Massachusetts Medical Society is about to digest and take action on the detailed committee report covering the pre-payment insurance offered by the Blue Cross and by their own insurance venture, the Blue Shield. Lengthy discussion at the pre-council meeting of the Hampden District Councilors ended in a vote of nine to six in favor of the report, i.e., a far from unanimous decision. Various points were brought out pro and con, including the inescapable fact that the high cost of total coverage must interpose difficulties in meeting the expressed aim of organized labor. Further, that the disparity in costs will continue to increase with each advance in wages, the chief factor which underlies the constant rise in the expense of hospitalization.

As to the current status of pre-payment insurance, figures supplied last month by the Health Insurance Institute reveal the astounding fact that one and one half million dollars were paid out in benefits for three quarters of the year 1956, - that is to say, an 18% increase in benefits over the previous year. Both group and individual subscribers shared in the increase, the former enjoying 19.6% while the singles cut a 12.5% melon. In addition, 48 million dollars were paid out as medical expense, 40 to groups and 8 to individuals. Meanwhile commercial insurance companies offered policies covering loss of income due to sickness to the tune of 519 million dollars.

Policies providing across-the-board coverage for health insurance, namely, major medical expense that was offered by these companies to help absorb the cost of so-called 'catastrophic illness,' paid out various sums as follows,

Hospital	$21,575,000
Surgical	12,575,000
Medical	5,231,000
Nursing services	2,841,000
Drugs	824,000
Ambulance and other	824,000

The results of the survey, according to the Health Institute, amply demonstrate the desire of the American people for pre-payment protection against accident and illness. Over 60 million persons today are so covered, that is, over half of the insured population.

Incidentally, each fellow of the Society should look over his or her own insurance portfolio to determine whether coverage is adequate and advantageous. Otherwise your tears too may start one day — or those of your heirs!

S.Q.Lapius

Address Business Correspondence to:

Dr. John E. Leary
146 Chestnut Street — Springfield, Mass.
Telephone: RE 4-3381

ERRATA NOTATA

High hopes and resolves for better and better redaction went unspoken in the first monthly number of the Hippocrat. We elected to allow our new bulletin to speak for itself. Proudly we opened the envelope when it came, and inspected the contents for the steenth time. Yes, the portraits came out well enough, and the shine was there,—*but so were those blinking typographical errors!*

Alas, the prideful bubbles burst. In reality we found our familiar erring opus, the same old Hippocrat,—not however the Hypocrite as G. Schadt chooses to say. We still may dream but must abjure further resolutions. We shall try, try again of course, because we'd rather be right for once, may we iterate, than *ever* be Schadt!

S. Q. L.

PUBLICITY AND ETHICS

Today's concern with Public Relations may well confuse the younger disciple of Aesculapius as how best to reveal his talents and accomplishments to the lay public. On the subject of frank advertising and the direct or indirect solicitation of patients the Principles of Medical Ethics of the A.M.A. are so specific as to leave no doubt in the minds of doctors who are not wilfully blind. But section 4 of Chapter I goes on to say: "Among unethical practices are included the not always obvious devices of furnishing or inspiring newspaper or magazine comments concerning cases in which the physician or group or institution has been, or is, concerned. Self laudations defy the traditions and lower the moral standards of the medical profession; they are an infraction of good taste and are disapproved." Less clear are the ethics of releasing to newspapers, in advance of the event, stories that the doctor is about to advise a medical society on the subject of his recent accomplishments. These "leaks" are particularly suspect in the eyes of his peers when the news item includes a virtual digest of the subject matter of the prospective address instead of a mere announcement of his intention to attend the meeting. Laws, ethics, and the canons of good taste merge imperceptibly into one another. A sure way to avoid criticism, or even disciplinary measures by the medical society, is to release no such medico-social news until after the event and to include no more than a reporter might have learned from being present at the meeting.

A second pitfall that now yawns before the neophyte is represented by the current vogue for addressing lay groups on medical subjects. The public is eager for enlightenment and it is our duty to see that they are properly enlightened, not merely entertained or solicited. To this end the Mass. Medical Society has evolved a Publicity Code which Fellows of the Society would do well to read. At the risk of over-simplification this may be condensed as follows:

> A communication to a lay group on a medical subject should be cleared thru the chief of the doctor's hospital service, or the head of his department in a teaching or research institution, or the Supervising Censor of his District Medical Society. This is mandatory in the case of interviews to the non-medical press or over the radio. Modesty of presentation is desirable and the preservation of anonymity, when possible, will prevent any accusation of self-advertising in press interviews.

It must be remembered that codes are designed to guide men of good faith. They are not ordinances whose technical circumvention will exonerate the crafty. It is the Fellow's peers who sit in judgment and valuation of motive is an important step in determination of guilt or innocence.

Allen S. Johnson, M. D.

EXOTIC MALADIES IN OUR MIDST

As our own citizens travel more and to wider climes and as new citizens come to our community, we physicians in the nothern latitudes must ever be on guard for those exotic diseases which in the past were considered medical curios included in the medical curriculum primarily to round out our education.

Of late, the Tropical Disease Diagnostic Service of the New York City Health Department has found itself busier than ever. The reason for this increase has been the vast influx of Puerto Ricans and the growing number of native Americans returning from work or travel abroad. In the last decade some 700,000 Puerto Ricans have migrated to the mainland of the United States with a heavy concentration settling in New York City. Moreover, untold numbers of native Americans are returning from vast reaches of the world.

The above-mentioned Disease Diagnostic Service is detecting a wide range of parasitic and other infectious disorders ranging from the common Taenia saginata, pinworms, hookworms, and Ascaris to such rare diagnoses as leprosy, loa loa, and Wuchereria bancrofti. At present, amebic dysentery infections are most prevalent with schistosomiasis following. It is estimated that incidence of schistosomiasis in the Puerto Ricans of New York is at 50,000 cases. This is not surprising since the prevalence of Schistosoma mansoni in Puerto Rico varies from 10 to 40% in various localities of the island.

This problem was brought home quite vividly recently when a Puerto Rican resident of Springfield was reported by a local hospital to be infected with Schistosoma mansoni, Necator americanus (hookworm), and Trichuris Trichiura (whipworm). The importance of this report becomes more significant when one considers that there is a colony of some 1,400 Puerto Ricans now in the City of Springfield. When dealing with this particular group, one must keep in mind schistosomiasis and the frequent trinity of infections of the warm, moist regions of the world—hookworm, whipworm, and Ascaris.

One's suspicions must be very much aroused when these people present vague abdominal and systemic complaints and evidences of hepatic dysfunction, splenomegaly, and anorectal pathology. Microscopic stool examinations for ova and parasites should be carried out almost routinely whenever possible.

Not only are exotic diseases prevalent in this group but also, the familiar old scourge—tuberculosis. The taking of routine chest x-rays cannot be too strongly urged.

A smaller segment of our population, the foreign traveler, must not be forgotten. More and more of our citizens are traveling to Europe and even more remote parts of the world. Amebic dysentery, bacillary dysentery, salmonellosis, and other more familiar infections must be kept in mind.

Fortunately from a public health point of view, few of the tropical diseases mentioned are considered serious contagion hazard in northern climates, but we must constantly be on guard for the sake of our patients and our neighbors.

Dr. John C. Ayers

DO YOU KNOW?

Ill health is the most frequent motive for suicide.

World population is increasing faster than at any time in history.

Each hospital bed in the U.S. serves 13 patients a year.

Sc.N.L.

in skin disorders

a major improvement in topical

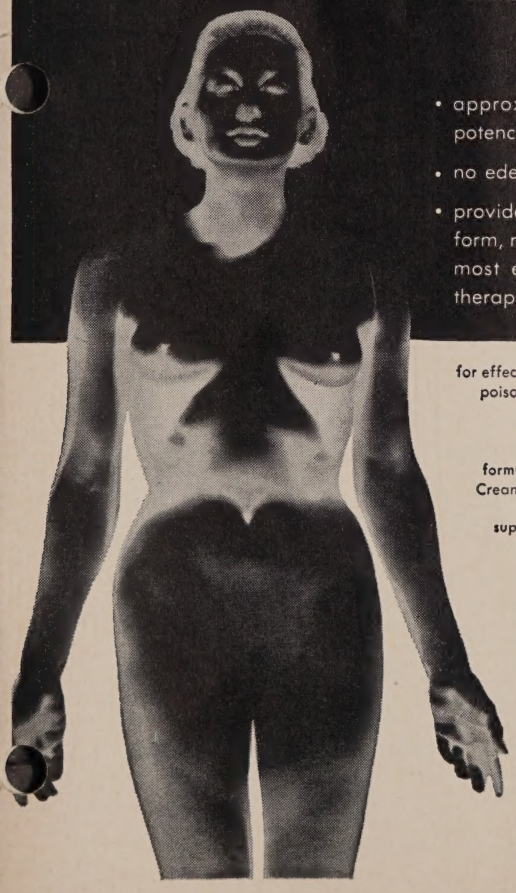
corticosteroid therapy

new

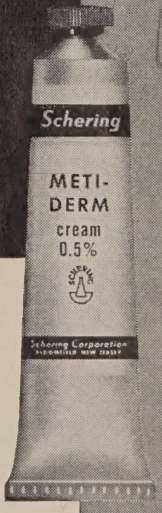
Meti-Derm

cream 0.5%

with METICORTELONE, original brand of prednisolone



- approximately twice the per milligram potency of topical hydrocortisone
- no edema and sodium retention reported
- provides METICORTELONE in free *alcohol* form, reported by dermatologists to be the most effective form for topical steroid therapy



for effective local relief of allergic (atopic) dermatoses, poison ivy dermatitis and other contact dermatoses, nonspecific anogenital pruritus—*with* new corticosteroid potency.

formula: Each gram of water-washable METI-DERM Cream contains 5 mg. of prednisolone, free alcohol.

supplied: METI-DERM Cream, 0.5%, 10 Gm. tubes.

METICORTELONE,® brand of prednisolone.
METI-DERM,* brand of prednisolone topical.

*T.M.

Schering

MD-J-4-358

LEGISLATIVE NOTES

At a meeting of the Legislative Councilors in Boston on January 23rd, 1957, about fifty bills which are to come before the State Legislature were discussed.

It is urgently requested that all members of our Society as well as members of the Auxiliary promptly express their approval of (1) the Pound Bill (Senate Bill 315) which makes animals from public pounds available for medical research and teaching purposes, and (2) the Welfare Bill (Senate Bill 123) which provides that physicians be compensated for services to recipients of public assistance in hospitals.

Opposition should be expressed to the Chiropractic Bill (Senate Bill 398) which seeks to establish a Board of Chiropractors.

No further action has been taken on the New Drug Act because a test case is pending, which should give some indication of court interpretation.

The Legislative Committee is anxious to obtain at the earliest possible time the names of those doctors who happen to be family physicians to any State Senators or Representatives in our District.

Louis E. Hathaway, Jr., M. D.,
Legislative Councilor and Chairman
Legislative Committee, Hampden
District Medical Society.

CLINICAL AND PERSONAL

Dr. Carol Bryant of the Springfield Hospital Staff is president of the New England Society of Anesthesiologists this year.

* * * *

The Massachusetts Society of Anesthesiologists met at Rovelli's on January 4. The meeting was addressed by Dr. Morris Heller of the Mary Hitchcock Clinic at Hanover, New Hampshire on the subject: "Electro-encephalographic Control of Anesthesia". Forty members were present.

* * * *

A seminar on Antibiotics will be presented at the Soldiers Home in Holyoke on Wed. and Thurs., March 27 and 28, 1957. It will be conducted by Dr. Edward Kass of the Thorndike Memorial Laboratory, Boston City Hospital. The first day of the course will be devoted to a general discussion of antibiotics, and the second will concern treatment of specific diseases. The sessions will run from 10 A.M. to 1 P.M. and 2 P.M. to 5 P.M. Cost of enrollment is ten dollars; checks are payable to R. J. Maher, M. D., 337 Appleton St., Holyoke. Application for approval of the course by Massachusetts Academy of General Practice has been made.

* * * *

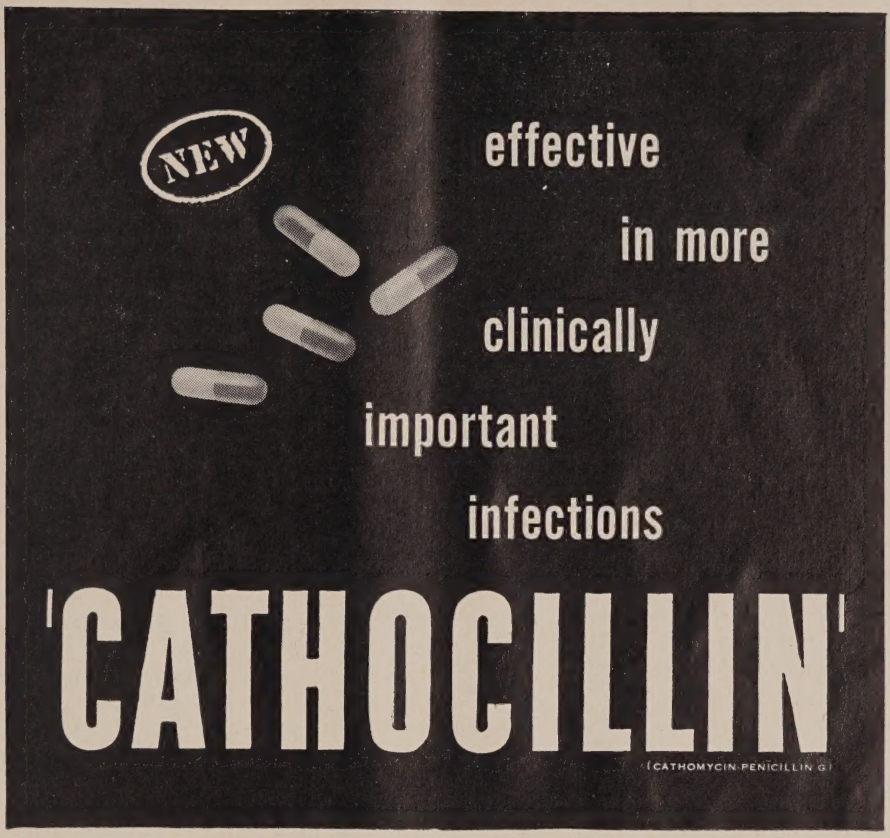
Staff Presidents
Recently Elected

Holyoke Hospital Dr. Adolph Franz, Jr.
Mercy Hospital Dr. Thomas F. Reilly
Springfield Hospital
Dr. Frederick S. Hopkins
Wesson Memorial Hospital
Dr. Edward Katz

VI-SYNERAL
Trade Mark Reg. U. S. Pat. Off. Brand of
VITAMINS and MINERALS
U. S. Vitamin Corporation
New York, N. Y.

Wilbraham's First Drug Store
Wilbraham Pharmacy
2769 Boston Road
Wilraham, Mass.

Compliments
Albert J. Rypysc
Springfield



COMPARE THESE ADVANTAGES:

Indicated in the largest number of clinically important infections including those caused by antibiotic-resistant *staphylococci* and *Proteus*. Therapeutic, *bactericidal* blood levels are promptly achieved. Generally well tolerated because the normal intestinal flora is not appreciably disturbed by CATHOCILLIN. No cross-resistance, yeast or fungal superinfections, vaginitis or proctitis have been reported with CATHOCILLIN.

Consider Cathocillin for these clinically important infections: tonsillitis; pharyngitis; pneumonia; otitis media; streptococcal sore throat; infected tooth sockets; Vincent's infection; acne and superficial skin infections; impetigo; boils, furuncles and carbuncles; lung abscess; bronchitis; mastitis; osteomyelitis; wound infections; postoperative wound infections and infected lacerations; staphylococcal enteritis, staphylococcal diarrhea of the newborn; peritonitis (caused by susceptible organisms); pelvic inflammatory disease; gonorrhea, gonococcal arthritis; urethritis; scarlet fever; erysipelas.

Dosage: for adults, 2 capsules q.i.d.; where preferred, t.i.d. dosage can be used with bedtime dose doubled. For children under 100 lbs., dosage in proportion to weight (e.g., 1 capsule q.i.d. for a child weighing 50 lbs.).

Supplied: Blue and white capsules of CATHOCILLIN, each containing Sodium Novobiocin (equivalent to 125 mg. of Novobiocin) and Potassium Penicillin G 75 mg. (125,000 units); bottles of 16 and 100.

In one prescription the* one *antibiotic combination* most *likely to be effective

MSD

MERCK SHARP & DOHME
DIVISION OF MERCK & CO., INC.
PHILADELPHIA 1, PA.

POLIO MUST GO

All who took part in the 1923 campaign to eradicate Diphtheria, and witnessed the dramatic drop both in mortality and incidence, look forward with great anticipation to a similar achievement against Poliomyelitis. A splendid start has been made through state and local health agencies with the wide-spread cooperation of the medical profession and the financial backing of the Foundation and the Government. Now that so many children in the most susceptible age-groups have received two if not three doses of Salk vaccine, a definite drop in significant curves has been noted throughout the land.

From now on, routine immunization against this disease that may well have been responsible for the Biblical notation that Mephibosheth never walked after he was dropped by his nurse, (i.e. according to Wm. Osler), should take its place alongside the prevention of Diphtheria, Tetanus, Pertussis, Typhoid Fever and so forth, in doctors' offices when new infants have reached the age of six months. The State should supply the vaccine as it does against the other maladies, at least in Massachusetts. Funds from the Foundation's March of Dimes or the Federal Government could be used to supply vaccine for those unable to pay for their own.

But the job is by no means complete. Consider the many older age groups that are not protected. There is enough vaccine on hand to immunize everyone up to forty years of age. But one manufacturer recently was compelled to destroy enough out-dated vaccine to take care of 5,000 inocculations because the public—and their physicians?—are disinterested or believe the misnomer, 'Infantile Paralysis', renders immunization unnecessary. How can the remarkable example of Franklin D. Roosevelt, smitten in his thirties, be so soon forgotten? Another instance, a mother of four children, also in the middle thirties, suffered the

Since daily dosage is an important part of supplementation, GEVRAL is now packaged in a special JUBILEE JAR—an attractive container of 100 capsules for the family dining table. Specify GEVRAL. Your patients will remember to take their "vitamins" regularly when they have the JUBILEE JAR before them at mealtime.

GEVRAL is aptly formulated to meet the broad vitamin-mineral requirements of daily life. Balanced, comprehensive, GEVRAL provides 14 vitamins, 11 minerals and Purified Intrinsic Factor Concentrate. Dosage is only one *dry-filled* capsule daily.

dry filled sealed capsules

An ideal family vitamin-mineral formula—

Each GEVRAL *capsule contains:*

Vitamin A	5000 U.S.P. Units
Vitamin D	500 U.S.P. Units
Vitamin B_{12}	1 mcgm.
Thiamine Mononitrate (B_1)	5 mg.
Riboflavin (B_2)	5 mg.
Niacinamide	15 mg.
Folic Acid	1 mg.
Pyridoxine HCl (B_6)	0.5 mg.
Ca Pantothenate	5 mg.
Choline Bitartrate	50 mg.
Inositol	50 mg.
Ascorbic Acid (C)	50 mg.
Vitamin E (as tocopheryl acetates)	10 I. U.
l-Lysine Monohydrochloride	25 mg.
Rutin	25 mg.
Purified Intrinsic Factor Concentrate	0.5 mg.
Iron (as $FeSO_4$)	10 mg.
Iodine (as KI)	0.5 mg.
Calcium (as $CaHPO_4$)	145 mg.
Phosphorus (as $CaHPO_4$)	110 mg.
Boron (as $Na_2B_4O_7.10H_2O$)	0.1 mg.
Copper (as CuO)	1 mg.
Fluorine (as CaF_2)	0.1 mg.
Manganese (as MnO_2)	1 mg.
Magnesium (as MgO)	1 mg.
Potassium (as K_2SO_4)	5 mg.
Zinc (as ZnO)	0.5 mg.

GEVRAL*

VITAMIN-MINERAL SUPPLEMENT LEDERLE

LEDERLE LABORATORIES DIVISION, AMERICAN CYANAMID COMPANY, PEARL RIVER, N. Y.

Lederle

*REG. U. S. PAT. OFF.

only case of poliomyelitis to be reported in Holyoke last year. She gets about on crutches, but has not been able to resume her work.

The Board of Trustees of the A. M. A., according to Secretary Lull's Letter, has taken up the cudgels, if not the actual syringes, for the benefit of these forgotten or forgetful people. A council was called in Washington with the Surgeon General, U. S. Public Health Service and representatives of the Academies of Pediatrics and General Practice and the Association of State and Territorial Health Officers. It was agreed that Polio vaccine is both safe and effective; everyone should be vaccinated, especially those under forty . . . the medical profession should go "all out" in an effort to overcome public inertia and to promote use of the vaccine . . . that the A. M. A. through its State and Territorial associations should spearhead the campaign . . . Every effort should be made locally and as soon as possible to get ahead of the polio season. Several State societies already have begun action.

The Hippocrat agrees wholeheartedly, but, now that the emergency is about over, we believe, in common with the Commission on Public Policy of the Academy of General Practice that,

"1) Every doctor's office should be or become an immunization center.

2) Wherever necessary, physicians should contribute their services for the immunization of indigent persons.

3) The Commission would deplore any program on the part of any organization that would tend to destroy the normal patient-physician relationship."

Meanwhile, let us not forget to send our dimes marching in behalf of the victims of past limitations. S. Q. L.

U.S.S. NAUTILUS MEDICAL OFFICER TO ADDRESS DISTRICT MEETING

Dr. John H. Ebersole, Lt. Commander, USN (MC), who has had extensive experience as medical officer of the A-powered submarine Nautilus, will address the Hampden District Medical Society on February 26, 1957.

Dr. Ebersole spent four years of classroom study, laboratory work, and on the job training at Duke University to qualify for his job.

He sailed on the U.S.S. Nautilus on its recent extensive tour, and should have some highly interesting experiences to relate. The young medical officer had the problem of radiation protection and medical care of 106 men confined to close quarters for longer periods than any previous sub crew.

Dr. Ebersole recently received clearance to publish his figures on the radiation exposure pattern of the Nautilus crew, and his article appeared in a recent issue of the A.M.A. Journal.

Time: Tuesday, February 26, 1957, 6:30 P. M.

Place: Rovelli's Restaurant, 1396 Boston Road, Springfield.

Harry N. Memery, M. D.
Assistant Secretary,
Hampden District Medical Society

when you want broad spectrum antibiotic therapy with added safety for the many common respiratory, gastrointestinal and urinary tract infections... the product to prescribe is

MYSTECLIN

Squibb Tetracycline-Nystatin

the ONLY broad spectrum antibiotic preparation with added protection against monilial superinfection

when you want specific antibiotic therapy for infections caused by Candida albicans (monilia)... the product to prescribe is

MYCOSTATIN

Squibb Nystatin

the ONLY effective and safe antifungal antibiotic available

SQUIBB *Squibb Quality—the Priceless Ingredient*

'MYCOSTATIN'® AND 'MYSTECLIN'® ARE SQUIBB TRADEMARKS

CORRESPONDENCE

Effective October 1st
TV SERVICE CALLS
to your home will be
$5.95

Dear Hippocrat:

The above advertisement should open the eyes of the medical profession to the fact that people prize their possessions more than they do their health. We also have been told that more money is spent for liquor and cosmetics than for medical care, but it still comes as a shock that a television repair man gets more for a house call than the average physician (vide Medical Econonomics).

It is my understanding that a man of average intelligence can learn to repair a television set in 6 weeks of 40 hours each. Contrast this with the 12 — 15 years that the doctor spends in preparing to treat some of the ills of the human body, and receives the average of $5.00 per house call.

Perhaps our technique is wrong? Perhaps we should offer house calls at $4.95 reduced from $5.00. It certainly seems as if something is wrong with our economic system when a television repair man is better paid than a doctor and an auto mechanic better than a school teacher.

R. T. Miller

Editor's note: But we all cannot be TV service repair men — or painters and shiners or Lewis miners!

Dear Hippocrat:

On March 13th The Academy of Medicine will celebrate the 50th anniversary of its founding. The Directors of the Academy have thought it was fitting that this celebration be shared with the wives who are our more-or-less silent partners. For this reason our guest speaker will be Dr. William Dameshek whose talk "The Odessy of a Hematologist" should be as interesting to our wives as to us. Over the years the Academy has represented various interests to various members. To one it has meant a chance to expound his views before his fellows; to another enlarged professional contacts; and to still another at one time it meant free beer and Miss Bacon's delicious cakes. But to the majority of us it has meant through the years a chance to keep posted on some subjects we might otherwise lose sight of in our specialized field of practice.

It is fitting that we celebrate the founding of the Academy and that we commemorate the doctors who demonstrated such professional foresight and dedication to the advancement of medicine in the Springeld area.

Azel P. Barney, M. D., President
Springfield Academy of Medicine

Compliments

Henderson Funeral Home

Springfield

Forest Park

Ambulance & Oxygen Service, Inc.

24 HOUR ANYWHERE — OUR THEME — SERVICE SUPREME

1254 Columbus Avenue
Springfield, Mass.

Telephones RE 9-7373
RE 9-7374

RENTALS — *SALES* — *SERVICE*

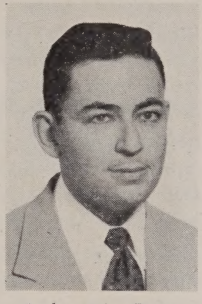
Hospital Beds — Wheel Chairs — Patient Lifts

Oxygen — *Therapy*

NEW MEMBERS

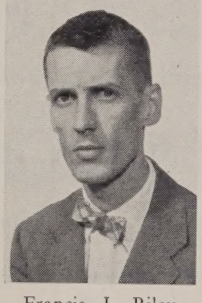
A complete list of members recently admitted to membership was published in the January, 1957, issue of the Hippocrat.

The "Who's Who" of each new member will appear in the next few issues in alphabetical order as much as possible.



Arthur A. Pava

Born: June 19, 1919, Springfield, Mass. Office Address: 26 Mulberry St., Springfield, Mass. Medical Degree: Yale University School of Medicine. Internship: Los Angeles County General Hospital — Rotating Internship. Residency: New York University - Bellevue Medical Center. Surgical Residency Columbia - Presbyterian Medical Center - Neurological Institute of New York - Neurosurgical Residency. Specialty: Neurological Surgery.



Francis J. Riley

Born: July 10, 1927 in Springfield, Massachusetts. Office: 80 Sumner Avenue, Springfield, Massachusetts. Medical Degree: University of Rochester School of Medicine - 1952. Internship: Johns Hopkins Hospital in Baltimore, Maryland. Residency: Obstetrics and Gynecology at the State University of New York. Specialty: Obstetrics and Gynecology. Home Address: 80 Sumner Avenue, Springfield, Massachusetts.

"Attendance of at least fifty (50) per cent of the District meetings is mandatory during each of the first two years of membership in the District Society."

Section 9, Chapter V of By-laws.

PHYSICIANS FROM HUNGARY

January 4, 1957

Dear Doctor:

With more and more *Hungarian physicians* entering this country, the World Medical Association and the Health Resources Advisory Committee of the Office of Defense Mobilization in Washington have asked the A.M.A. and its constituent societies to do everything possible to help these men and women who have fled from their homeland.

In a letter to all members of the United States Committee, Dr. Louis H. Bauer, secretary general of the W. M.A., asked that every effort be made to find places of "useful employment for Hungarian refugees with medical qualifications."

"We have made contact with the various welfare and religious agencies which are accepting temporary sponsorship of these people," Dr. Bauer's letter said, "and we have learned that among the first 3,000 refugees, there were 20 *physicians* and 17 others with ancillary qualifications."

A questionnaire, seeking information from each refugee with experience in medicine or related fields, accompanied the letters to the U. S. Committee.

The Health Resources Advisory Committee adopted a resolution, urging "every American health organization and educational institution to make every effort to lend its aid and resources toward the re-establishment of our new professional colleagues in situations commensurate with their professional status . . . . To the dignity of political and personal freedom, let us help give them the dignity of professional status."

Medical societies should ascertain immediately whether any Hungarian physicians have come into their communities and, if so, plan some program for them so that their professional talents will be utilized in the most effective way possible.

Sincerely yours,
George F. Lull, M.D.
Secretary-General Manager
of the A. M. A.

MEDICAL READER

Historical Notes

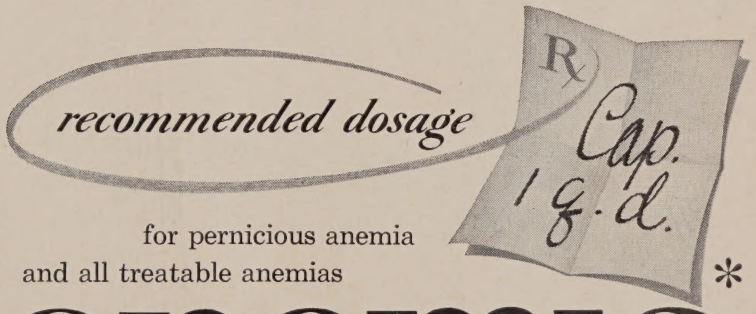
The project announced recently by Parke-Davis & Company to present A History of Medicine in Pictures as a service to doctors should prove interesting and enlightening. This will consist of a series of reproductions of original oil paintings each depicting some special event or period from the earliest epochs down to the present time.

The scrolls of papyrus show that medicine was a going concern in Egypt at the time the famous pyramid of Sakkarah was built, about 3000 B.C. They prove also that for thousands of years Egypt was the medical center of the ancient world, representing the best and latest in medical and surgical treatment. The first picture of the series therefore illustrates the management of a surgical case in ancient Egypt with methods in vogue at the time. This appeared in Therapeutic Notes in January and is accompanied by explanatory notes which lend an added interest. Six of the series are to appear this year in Therapeutic Notes, and the portrayal of medical progress through the years by these colorful and arresting illustrations—may well qualify them for a place on the walls of the waiting room or even of one's office.

E.C.D.

ATTENTION, LADIES!

Auxiliary members may now receive the Hampden Hippocrat regularly, just for the asking. All they have to do is send a letter or post card to Business Manager Dr. John E. Leary, 146 Chestnut Street, Springfield.



for pernicious anemia
and all treatable anemias

Pronemia*

Vitamin B_{12} • Iron • C • Stomach • Folic Acid • Purified Intrinsic Factor Concentrate

a new and potent oral hematinic • one capsule daily meets the needs of the average patient

Formula contains all known essential hemopoietic factors:

Purified Intrinsic Factor Concentrate	10 mg.	Ferrous Sulfate Exsiccated	400 mg.
Vitamin B_{12}	30 mcg.	Ascorbic Acid (C)	150 mg.
Powdered Stomach	200 mg.	Folic Acid	4 mg.

LEDERLE LABORATORIES DIVISION AMERICAN Cyanamid COMPANY Pearl River, N. Y.

Lederle

*REG. U.S. PAT. OFF.

A. M. A. PRESIDENTS SPEAKS

(Editor's note:

In an address before the House of Delegates, Nov. 27, 1956, Dr. Dwight H. Murray, President of the A. M. A. made the following observations, which we quote without comment.)

"Today there is a greater need for a united, forceful and informed profession than ever before. We have been caught in the throes of a social revolution which demanded something for nothing . . . .

"In my travels around the country as your representative the last 18 months, I have seen little dissension or rancor within our ranks. However, I must report that I have seen too much complacency over governmental encroachment into medical affairs. And I am deadly serious when I say to you that apathy by the few, or by the many, can be detrimental to all.

"No nation can merely reap the benefits of freedom; it also must sow seeds of freedom. In medicine the situation is the same. If an apathetic medical profession takes its freedom for granted, it will be the beginning of the end. A strong, free profession must work for freedom so that it may live in freedom. And history tells us that once medicine loses its freedom, other fields of private endeavor are immediately in danger.

"I do not wish to paint a dark or distorted picture of medicine's free status and its stature in America today. But I do believe words of caution and an appeal for vigilance are in order. The road of apathy and disunity can lead only to disorder and perhaps disintegration, and we must sound a warning to all our colleagues who do not care, or who are pulling in the opposite direction. The road of alertness, action, and unity is the proper road for all of us to be traveling together.

"If I had one wish for the coming year, it would be to command the time and talents of the 160,000 physicians in the American Medical Association. I would set us all to the task of emphasizing and reemphasizing the absolute necessity of patient and professional freedom . . . ."

WHY
SENSITIZE?
USE
'POLYSPORIN'® brand
Polymyxin B—Bacitracin Ointment
when treating topical and ophthalmic infections
A BROAD-SPECTRUM ANTIBIOTIC OINTMENT
For topical use: ½ oz. and 1 oz. tubes.
For ophthalmic use: ⅛ oz. tubes.
BURROUGHS WELLCOME & CO. (U.S.A.) INC., Tuckahoe, New York

THE WELFARE PROBLEM

by

Howard P. Kennedy, M. D., Chairman, Committee on Welfare Problems, Mass. Medical Society

(Editor's note: This excellent and comprehensive report was prepared at the request of the Hippocrat. All members are urged to read it. Limitation of space makes it necessary to present it in two installments.)

There are many reasons why the problem of medical care of recipients of public aid should be of interest to every physician in the Commonwealth. Traditionally such patients are cared for by local physicians under the same standards of medical care that other patients receive. The local physician sees the patient first, plans and carries out definite treatment, and seeks or arranges for consultation or specialist treatment according to his own judgment. He advises the patient of the necessity for hospitalization and makes all necessary arrangements. He is unrestricted as to his use of drugs or healing agents and his choice is dictated only by the need for the particular case that he is treating. His responsibility is only to his patient, himself and his God. These are the basic principles of the healing art to which physicians have subscribed for centuries.

During fairly recent years great changes have taken place in the medical care of recipients of public aid. Some of these changes have come about as a result of the increased number of persons receiving tax supported aid. Some are the result of the apathetic attitude of physicians in the state, and particularly in this area, towards our disabled, less fortunate, or senior citizenry. An important cause of these changes and a recently noticeably dangerous trend, is the avid desire for certain lay people to control not only the administration of medical care, but also the practice of medicine itself.

Difficulties in the State of Massachusetts began with the issuance shortly after January 1, 1954 of a decretal by the Commissioner of Public Welfare under the title of Medical Care Plan of the Department of Public Welfare. This communication, frequently supplemented by additional directives, prescribed certain rules and regulations to be followed by physicians, dentists, podiatrists, hospitals, nursing homes and all who were concerned with the medical care or management of persons receiving public aid. For example, fee schedules of physicians treating such patients were listed. A physician received $3.00 for an office visit. A house call netted him a fee of $4.00. Certain variations in the fee schedule not to exceed $10.00 were allowed for an ill defined category of "extraordinary medical services" during a home visit. Specialists or consultants were allotted the numificent sum of $5.00 for an office visit. These schedules were quoted as having been arrived at as "the result of prolonged negotiations with the medical, dental and ancillary professional

ESTABLISHED IN 1861
FUNERAL SERVICE
Dickinson-Streeter Co.
Springfield, Mass.

McCarthy Drug
at the "X"
RE 3-1105

associations." They were said to be "binding" on their members. A so-called "local medical advisor" at a fee not to exceed $50.00 per day was provided for in communities with a population of 50,000 or over. According to the Welfare Plan, such a medical advisor would have supervision of any professional personnel assigned to the local Medical Section on Medical problems.

The district committees on Tax Supported Medical Care were listed. Those committees were to "function principally for the purpose of reviewing with the local board of public welfare and/or its local Medical Advisor problems which arise between individual physicians and the board of public welfare with respect to changes in fee schedules, or any medical practices on which the board wishes to be more fully informed." Under the edict of the Commissioner such local committees of the District Medical Societies were to provide to local boards of public welfare the telephone exchange number of emergency services by physicians on a 24 hour coverage. The Commissioner encountered some difficulty in this phase of his plan. It became quite apparent in this community at least that the Department of Public Welfare was running one show and the District Society, another. The Commissioner devised a new method of billing, and the physician treating a recipient of public aid, is now classified as a "vendor". In other words, instead of being permitted to "render" his medical services to the recipient, he now "peddles" his wares just as many merchants are wont to do. Authorization to treat a recipient of public aid is too complicated a procedure to review here. Suffice is it to say that it entails telephone calls, written authorization, permission to refer patients, consent to use certain drugs and therapeutic measures and many other facets. In order to implement this complex system local boards hired more clerks thus increasing the already overburdened taxpayers' load. These clerks as a rule were inexperienced and without the faintest conception of the definition of medical care of the ill recipient of public aid. To further complicate the system, each agent of a board of public welfare put his own interpretation of the medical care plan. By statute recipients of Old Age Assistance and Disability Assistance have free choice of physicians. Some communities tried hiring physicians on a part time basis for recipients of General Relief with the comfortable feeling that they were saving taxpayers money. Belatedly they learned that this system was not only more costly but generally resulted in inadequate medical coverage and medical care.

Other local boards directed those receiving Aid to Dependent Children to certain designated physicians. This plan too was finally abandoned as unsatisfactory. In desperation these communities called for free choice of physician to persons in all categories of public assistance as a solution to the problem of adequate medical care for recipients of public aid. Strangely enough this was exactly what the Commissioner had suggested.

(To be concluded.)

COMPLIMENTS

Ernest A. Byron

SPRINGFIELD

"For advancement of his profession, a physician should affiliate with medical societies and contribute of his time, energy and means so that these societies may represent the ileals of the profession."

Section 2, Chapter III
Principle of Medical Ethics
of the A. M. A.

Tetracycline...the outstanding broad-spectrum antibiotic, discovered and identified by Pfizer and made available as **TETRACYN®**
BRAND OF TETRACYCLINE

a wide selection of dosage forms for *oral, parenteral and topical use*... includes fruit-flavored, rapid-acting **TETRABON®**
BRAND OF TETRACYCLINE HOMOGENIZED MIXTURE

Unique fruit flavor in a ready-to-use liquid for oral administration. Therapeutic blood levels in one hour. Provides 125 mg. per 5 cc. teaspoonful.

Pfizer PFIZER LABORATORIES, *Division, Chas. Pfizer & Co., Inc.*, Brooklyn 6, N.Y.
World leader in antibiotic development and production

Upjohn

Cortef* for inflammation, neomycin for infection:

Each cc. contains:
Hydrocortisone acetate
15 mg. (1.5%)
Neomycin sulfate..... 5 mg.
(equiv. to 3.5 mg. neomycin base)
Preserved with myristyl-gamma-picolinium chloride 1:5000

Supplied:
Bottles of 2.5 cc. and 5 cc. with dropper.

Application:
Useful both in the eye and the external ear canal.

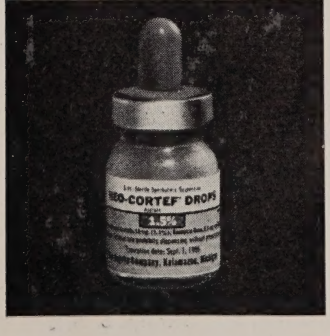
*REGISTERED TRADEMARK FOR THE UPJOHN BRAND OF HYDROCORTISONE (COMPOUND F)

**REGISTERED TRADEMARK FOR THE UPJOHN BRAND OF HYDROCORTISONE WITH NEOMYCIN SULFATE

Neo-Cortef** *drops*

STERILE SUSPENSION

The Upjohn Company, Kalamazoo, Michigan



G. P. CORNER

At the meeting of the American Medical Association in Boston some months ago the Delegates passed a resolution to the effect that any general or community hospital that did not start a department of general practice if so requested, would be deprived of its accreditation for intern and resident training. This resolution has caused some consternation in many places but especially in the specialty hospitals.

The American Academy of General Practice states that these hospitals have no cause for concern. The resolution is not aimed at specialized hospitals but rather at general and community hospitals. The principle involved is that qualified practioners as a class shall not be excluded from such hospitals.

R. T. M.

South End Pharmacy, Inc.

925 Main cor. William

RE 3-0318

* * * * *

Franklin Pharmacy

1869 Main, cor. Sharon

RE 3-9154

Ronald C. Atwater, B.S. *Reg. Pharm.*

Night Emergency Prescription Service

Doctors please call RE 3-2860

MEDICAL READER

SKOAL,—ABER SKI WOHL!

With ever-widening interest in skiing, the comparable increase in accidents prompts editors to focus attention on better and safer preventive measures. The problem has been presented in detail under date of December 17, 1956 on 'Sports Illustrated' issue that features winter sports all the way from Sugarloaf and Bridgeton in Maine, Mt. Tremblant and Laurentide Park in Quebec, to scenic Squaw Valley in California, the seat of the next winter Olympics. Winter fashions also are displayed from European silk parkas to Tavi Battenhofers at $59.50 the pair with snugger lateral lacings and a thick leather ankle collar to give increased lateral control of the skis, (cheap enough even at that price if they prevent bony fractures, especially of neck bones!). The pertinent details are well worth conning, particularly by medical men who will be consulted for advice; namely, proper equipment, adequate instruction—(75% of accidents overtake untaught beginners),—above all, the choice of slopes suited to the skier's experience.

Trouble comes, according to Thomas Jacobs, executive director of the National Ski Association, when unqualified skiers insist on using the expert trails where too much speed was found to cause 28% of skier's accidents, 23% of whom were not sufficiently skilled.

Protruding rocks and stumps create hazards even for the skilled,—greatest when only the tips are showing. Too well remembered is the day when our toboggan, borrowed without permission, flew down an ice-covered slope at the Mt. Golf Club when I was a rudderman. Freezing tears streamed out behind our mile-a-minute racer. Down in the hollow the point of a buried rock neatly split the hard ash slat that passed under my left hip. The blow might easily have driven the head of the femur right through my acetabulum. As it was, the only costs included a muscle bruise and an even more painful new twenty-five dollar toboggan. And skies are much less easily managed on such icy runs.

Now there are two forms of

THERAGRAN

NEW:

THERAGRAN

LIQUID

Squibb Therapeutic Formula Vitamin Liquid

1 teaspoonful of Theragran Liquid is equivalent to 1 Theragran Capsule. For patients of all ages who prefer liquid vitamin therapy.

THERAGRAN

CAPSULES

Squibb Therapeutic Formula Vitamin Capsules

The six vitamins almost invariably associated with chronic vitamin deficiency states.

Each Theragran Capsule, or 5 cc. teaspoonful of Theragran Liquid, supplies:

Vitamin A (synthetic)	25,000 U.S.P. Units
Vitamin D	1,000 U.S.P. Units
Thiamine	10 mg.
Riboflavin	10 mg.
Niacinamide	150 mg.
Ascorbic acid	150 mg.

Usual Dosage: 1 or 2 capsules or teaspoonfuls daily. Infants: Not more than 1 teaspoonful daily.

THERAGRAN CAPSULES: bottles of 30, 60, 100 and 1000.

THERAGRAN LIQUID: bottles of 4 ounces.

SQUIBB *Squibb Quality—the Priceless Ingredient*

'THERAGRAN' IS A SQUIBB TRADEMARK